Journal of the American College of Cardiology
© 2011 by the American College of Cardiology Foundation
Published by Elsevier Inc.

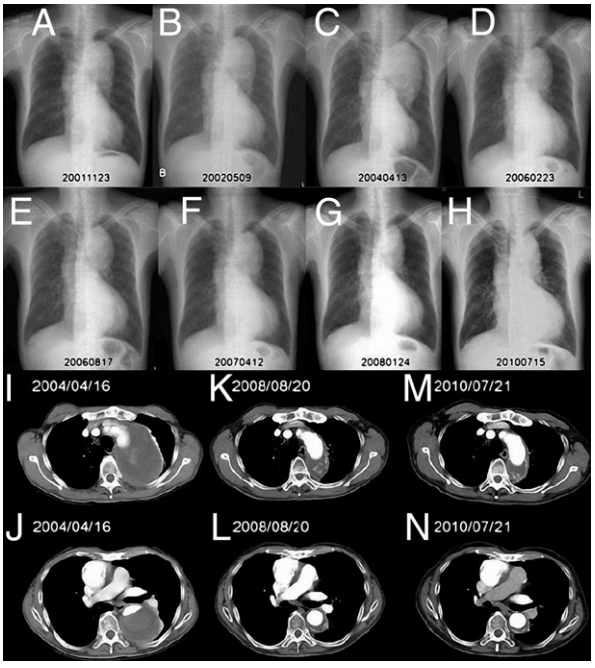
Vol. 58, No. 13, 2011
ISSN 0735-1097/$36.00
doi:10.1016/j.jacc.2011.03.066

IMAGES IN CARDIOLOGY

Paradoxical Regression of Aortic Dissecting Aneurysm After 10 Years of Follow-Up

Tsu-Ming Chien, MS,* Ching-Cheng Lin, MD,† Ying-Fu Chen, MD, PHD‡§

Kaohsiung, Taiwan



From the *School of Post-baccalaureate Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan; †Division of Cardiology, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan; ‡Division of Cardiovascular Surgery, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan; and the §Graduate Institute of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan.
Manuscript received March 21, 2011; accepted March 30, 2011.

In February 2000, a 56-year-old man sought treatment at our emergency department with severe chest pain. The computed tomography (CT) scan showed acute type A aortic dissection. An emergent surgical repair was performed. After discharge, he kept regular close follow-up and periodic imaging surveillance at our out-patient clinic **(A and B)**. Four years later, unfortunately, he sought treatment for an episode of disseminated intravascular coagulation. The chest radiograph **(C)** and CT scan **(I and J)** showed a very large chronic, dissecting aneurysm with maximal diameter up to 7.7 cm at the distal arch and uppermost descending thoracic aorta. Surgical intervention was advised, but the patient declined. Surprisingly, repeat chest radiographs **(D to H)** and CT scans **(K to N)** showed that the size of the aneurysm became smaller year by year. Elefteriades and Frankas (1) reported that there is a sudden increase risk for aortic rupture when the descending aorta diameter reaches 7.0 cm. Interestingly, the significant regression to only 3.3 cm after 10 years of follow-up is a paradoxical phenomenon.

REFERENCE

1. Elefteriades JA, Frankas EA. Thoracic aortic aneurysm clinical pertinent controversies and uncertainties. J Am Coll Cardiol 2010;55:841–57.